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ABSTRACT

This proposal introduces the concept of a student-operated, drop-in counseling center to serve the drug dependent young adult population (ages 18-30) on a community college campus and in the surrounding county. The center is designed to provide counseling as well as opportunities for alternative activities to drug dependency in a therapeutic environment designed to encourage self-awareness, confidence in one's self worth, and a life style that is both responsive to and responsible within society today. Goals include: (1) providing opportunities for developing alternatives to self defeating behaviors related to drug and narcotics abuse; (2) providing crisis intervention services for problems related to drug abuse; (3) providing referral for those seeking a service not offered; (4) providing consultation and education related to the drug abuse problem in the community; (5) developing an administrative structure capable of accomplishing these goals; and (6) assessing the effectiveness of the center in fulfilling these goals. An extensive list of policies and of the responsibilities accorded to each job is given. (TA)

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MACOMB COUNTY COMMUNITY COLLEGE

DROP-IN COUNSELING CENTER

Proposal

March 1, 1971

I. Introduction:

This student operated counseling drop-in center is being planned for Macomb County Community College because of an increasingly apparent gap in services for young adults in Macomb County. Existing public agencies do not meet the needs of this age group; within the college itself the 15,000 students on South Campus are served by a counseling staff of only 19, and these counselors are involved mostly in academic and career planning with students.

The need for such a service is made particularly acute by the numbers of students who are heavily dependent on drugs, reflecting in many cases their problems with personal relationships and the lack of meaningful activities in their lives. Professionals, both on campus and in community agencies, are often at a loss when it comes to handling such problems. A program operated by the peer group of young adults can be effective in reaching these students, and flexible in changing as their needs change.

II. Summary:

This program will provide counseling and opportunities for alternative activities to drug dependency in a therapeutic atmosphere designed to encourage self-awareness, confidence in one's self-worth and a lifestyle that is both responsive to and responsible within today's society.

The concept of this program was originated in the Fall of 1970 as one student's idea. Through innumerable conversations the idea caught on and was shaped into a complex plan for a student-operated counseling center on campus, closely tied to existing student-run programs such as the free university. A committee of counselors, faculty, the college nurse and physician ~~+~~ students was formed to determine the type of program needed on campus. This group eventually endorsed the outlined student proposal which is presented here in greater detail.

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Since that initial proposal, the scope of the program has broadened: Because of the lack of suitable space on campus, the proposal calls for acquisition of an off-campus house which can be used as a 24-hour crisis center with a live-in staff. This center will be a direct resource for several other drop-in centers serving high school youth which are not yet prepared to offer a 24-hour service.

A core group of 15 students has now solidified, with each person accepting as a volunteer the jobs outlined below under various staff positions. Lawyers and physicians in the community have been recruited to serve as referral sources, and contacts are being made with other community resources. The key students attended a day-long training seminar in January sponsored by Community Mental Health, and within several weeks all of the core group will have received 20 hours of empathy training. Three coffee house concerts--two on campus and one off campus--have been held, netting $600 for the program. The student senate has granted $500 to the project.

Since November, the development of this project has been carried out in cooperation with Macomb County Community Mental Health Services, which has assigned a part-time consultant and trainer to the project and made available professional consultation.

The momentum of the project is being maintained by the student steering committee which comprises the staff of the center. An advisory committee of counselors and faculty provides continuing support. A private, non-profit corporation has been formed to sponsor this project and will contract with the Community Mental Health Services Board to carry out the activities described here.

III. Target Population:

The primary group expected to use the services of this center are the 15,000 students of South Campus in Warren. Another major target group will be students from Center Campus as well as a sizable number of non-students who are drawn to the college for social activities. In general, the services will be designed to reach the young adult population (aged 18-30) of Macomb County who have problems related to drug abuse.

Secondarily, the center will serve the general community as a source of information, education and consultation on the drug problem, and as an example of a true "community" functioning to keep its members healthy and whole.

IV. Goals:

A. To provide opportunities for developing alternatives to self-defeating behaviors related to the abuse of drugs and narcotics.

B. To provide crisis intervention services for drug abuse related problems.

C. To provide referral for those seeking a service not available at this center.

D. To provide consultation and education related to the drug abuse problem in the community.

E. To develop a stable administrative structure capable of carrying out the above goals.

F. To assess the effectiveness of this center in fulfilling the above goals.

V. Activities:

A. Developing alternative behavior--All activities in this category will be designed to foster development of behaviors alternative to the self-defeating aspects of the abuse of drugs and narcotics.

Counseling activities: Counseling activities of the center will be the responsibility of a paid director and assistant director of counseling. Volunteer coordinators will supervise specialized counseling in legal problems, selective service counseling and problem pregnancies.

1. Counseling of youth--Under this category are included various types of counseling activities for youth in the target population, both MCCC students and others in the 18-30 age bracket.

a. Counseling by paraprofessionals. The major portion of counseling activities at the center will be carried out by youth volunteers trained to offer empathic understanding of a young person's problems and to help him seek solutions. Anticipated problems include the whole range of typical difficulties faced by this age group which are often incorporated in a behavior pattern that includes abuse of drugs and narcotics.

(1) Individual counseling. Trained volunteers will be on duty at all times to see walk-ins seeking help, determine their problems, suggest participating in activities, make referrals.

(2) Group discussion sessions. These would be led by a volunteer discussion leader for mixed groups of youth and adults. The composition of the group would vary from week to week. Sessions can be scheduled as needed.

(3) Encounter groups. These would be led by a skilled trainer in series of six sessions for a specific group of participants. Both youth and adults could participate.

(4) Legal counseling. A trained volunteer layman or volunteer lawyer would be available at specified times each week to offer free legal advice. At least one of the live-in staff will be trained in legal counseling.

b. Counseling by professionals. A professional social worker or psychologist will be employed by Community Mental Health and assigned half-time at the MCCC center. The services of other professionals from the college and community will also be available.

(1) He will offer individual counseling for youths presenting problems which are beyond the capability of lay volunteers. He will be available at scheduled times for such appointments and will be on call for emergencies.

(2) He will offer group therapy sessions on a time-limited, problem oriented basis for groups of youth or mixed groups of youth and parents.

(3) He will be available to provide case consultation for volunteers needing help in handling a counseling situation.

2. Counseling of parents--This service will be offered to parents calling the center out of concern for their son or daughter's use of drugs or narcotics. Such counseling will probably take place in most cases by telephone, with

the volunteer suggesting one of several alternatives--depending on the seriousness of the youth's involvement with drugs, the extent to which his involvement is disrupting the entire family, and the degree to which his involvement is considered a problem by the youth and/or his parents. These alternatives are:

a. The volunteer may suggest that the parent encourage his son or daughter to come to the center.

b. The volunteer may invite the parent to attend a group discussion session where he can discuss the problem with other parents and/or begin a dialogue with youth having similar attitudes as his son or daughter. One such group session will be scheduled each week.

c. The volunteer may offer to act as a mediator in a discussion of the problem between parents and youth, either at their home or at the center.

d. The professional or other adults volunteering at the center will be involved in these parent counseling activities as needed.

Non-counseling activities: There will be a paid activities director who will have responsibility for the non-counseling activities described below.

3. Coffee house--The coffee house is proposed as one of the major "alternative activities" sponsored by the center. Youth will be involved in the coffee house in two basic ways--planning and arranging the programs, and providing the entertainment. Volunteer entertainers will be used whenever possible. Proceeds will be used as part of the local match for the program and will include a fund to assist financially in the hospital costs of detoxification of heroin addicts from the service population.

4. Free university--The free university is an existing student-run organization on campus which sponsors courses dealing with the Vietnam War and racism, as well as creative activities such as knitting and handicrafts. Counseling and educational programs, for example on drugs and the legal rights of youth, will be offered by the drop-in center, as well as training programs for volunteers. Instructors at the free university will include professors, professional clinicians and non-professional experts in various fields. The free university will serve as an opportunity for alternative behavior both for those planning

and organizing the program and for those participating in various courses. Courses will be offered both at the center, as space allows, and in classrooms on campus.

5. Handicraft store--The handicraft store will serve as another opportunity for alternative behavior, both by developing business skill and responsibility in those operating the store and by encouraging the creative efforts of youth craftsmen. The store will offer for sale any handicraft made by youth in the target population. Prices will be set by the craftsmen in conjunction with the student coordinator of the store. Proceeds will be returned to the craftsmen.

6. Volunteer services to the community--The drop-in center will serve to recruit and coordinate individuals or groups of youth wishing to volunteer in service or community action projects throughout the county. Such projects might include:

   a. Working as volunteer counselors in other drop-in centers serving primarily high school age youth.

   b. Raising funds or participating directly in various inner city service projects.

   c. Working in hospital emergency rooms and ambulances with emergency cases involving drug abuse.

   d. Working in the county jail with youth inmates to encourage their participation in alternative behavior programs following their release.

   e. Participating in a community ecology action project.

B. 24-Hour Emergency Service--This service will provide a response to emergencies related to drug abuse (overdoses, "freak-outs," suicide attempts) 24 hours per day. There will be three major components of this service.

   1. Telephone service--When the house is operating with live-in staff, volunteers will be on duty at the center 24 hours to answer crisis calls, talk down people having bad trips, request services of the "flying squad" to assist the caller if necessary, call an ambulance in life-or-death situations, or make emergency referrals.

   2. Walk-in crisis service--This service will be available during the hours when the center is open. Volunteers on duty will be trained to be able to make immediate referrals in emergency situations and provide transportation if

necessary to a hospital. Space will be available in the center for anyone needing a place to "crash" and volunteers on duty will be able to stay with such a person until he has come down from a bad trip. A person trained in first aid techniques will be available at the center at all prime times to handle emergencies likely to occur.

C. Referral service--Basically, this service will provide information on resources in the metropolitan area which cannot be offered by this center. Also, it will provide to those requesting referral, assistance in making contact with the service agency, and follow-up as needed. To provide this service, the following arrangements are being made:

1. A complete resource file of services available in the county and metropolitan area is being developed. A volunteer director of information and referral will have the responsibility of keeping this resource file current, developing relationships with key referral agencies, hospitals and individual professionals such as physicians and lawyers.

2. The primary referral source for heroin addicts seeking seeking help in withdrawal will be Harrison Community Hospital's in-patient detoxification unit, out-patient methadone and group therapy program. The MCCC drop-in center will serve to follow up with continuing support and help in developing alternative behavior patterns for those in the target population who complete the Harrison Hospital program.

3. Referrals for free or reduced-cost medical services will be made to community physicians volunteering to accept referrals from the center, and to the county wide free medical clinic being arranged through Community Mental Health.

4. Referrals for free or reduced-cost legal services will be made to community lawyers volunteering to serve as a referral source for the center.

5. Referrals for psychiatric out-patient treatment or placement in an in-patient psychiatric unit will be made through the Southwest Macomb Mental Health Center in Warren.

6. Referrals for employment will be made through the college placement office, Michigan Employment Security Commission, Neighborhood Youth Corps and employers in the community.

D. Consultation and education--The MCCC drop-in counseling center will offer consultation and education to individuals or groups from the community in the following ways:

1. Information on the nature and quality of street drugs and narcotics in the area will be available by phone and walk-in to the center for youths and others. Warnings about drugs which have caused bad trips, poisonings or accidental overdoses will be circulated from the center. Drug testing will be done by sending samples to labs for analysis.

2. General information about drugs and their effects will also be available to parents and others by phone or walk-in. Pamphlets giving basic information about drugs will be available in the center.

3. Information on services available in the community related to drug abuse will be available at the center.

4. Educational programs, seminars and courses on various aspects of the drug problem, designed for both youth and adults, will be offered through the free university.

5. A speaker's bureau of volunteers who are knowledgeable about drugs--either as a result of their own experiences or as a result of their work in the drop-in center--will be available to address school or community groups.

6. Training of volunteers to work in the counseling and crisis intervention phases of the center will be considered part of the center's educational function and will be the responsibility of the counseling director, Volunteers will be required to complete the county training course which will include 20 hours of empathy training and additional seminars and workshops in counseling skills and referral procedures. A supplementary training program in first aid, including hospital emergency room and ambulance duty will also be part of the training for some of the MCCC volunteers. Additional training will be available through the educational program of the free university and others offered in the metropolitan area.

E. Intake and record keeping--

1. System of incoming and outgoing referrals:

a. Those in the target population will learn about the MCCC center and be referred there in the following ways:

(1) Media publicity (press and radio)
(2) School publicity (newspaper, bulletin board, student senate)
(3) Referral from professional agencies
(4) Referral from other drop-in centers
(5) Through participation in related activities (coffee house, free university, other college events)
(6) On campus, office of counseling center

b. Procedure within the center:

(1) A person phoning the center will talk to a volunteer who will attempt to create an empathic relationship that will encourage the caller to relate his problem. Once the volunteer understands what the caller is seeking, he will either give the requested information, suggest a referral to a community agency or individual doctor, or lawyer, or invite the caller to come to the center, participate in some coming activity, or join an active committee or group. The caller may ask to be called at a later date for continued reassurance and support. Followup calls will be made on referrals whenever possible.

(2) A person coming to the center initially will receive the same treatment from volunteers on duty at the center as that described above. The whole atmosphere of the center will encourage the vistor to have confidence in the workers there. Whenever possible the visttor needing help will be immediately involved in the activities of the center--given a tour and explanation of the service, and encouraged to participate in an activity appropriate to his needs. Whenever possible, followup will be made of those who do not appear at an activity after indicating initial interest in participating.

c. Following are alternative "second steps" for those making an initial call or visit to the center:

(1) Participation in a group session (rap group, therapy group, encounter) at the center, or in on-going individual counseling or therapy.

(2) Joining a committee working on the coffee house, free university or community activity.

(3) Making an appointment at a professional agency.

(4) Going to Harrison Community Hospital for detoxification and withdrawal.

d. Followup on all outside referrals and activities at the center will be carried out as a means of evaluating the center's success in helping callers and to maintain continuity of contact with each caller.

2. The above process is illustrated by the attached "flow chart."

3. Record keeping for assessment purposes. The following forms will be filled out for those using the centers' services.

a. Personal Information Form (optional)

b. Counseling, Crisis Intervention and Referral Form (required)

c. Non-counseling Activities Form (required)

d. Release of Information Form (required before any information is released)

4. Record Keeping Policy

a. For all persons calling on the phone or coming to the center for service, a counseling, crisi intervention and referral form will be filled out.

b. Where possible, a personal information form will be filled out to assist in further counseling or crisis intervention work with the individual. This information will be given voluntarily and may be annnymous.

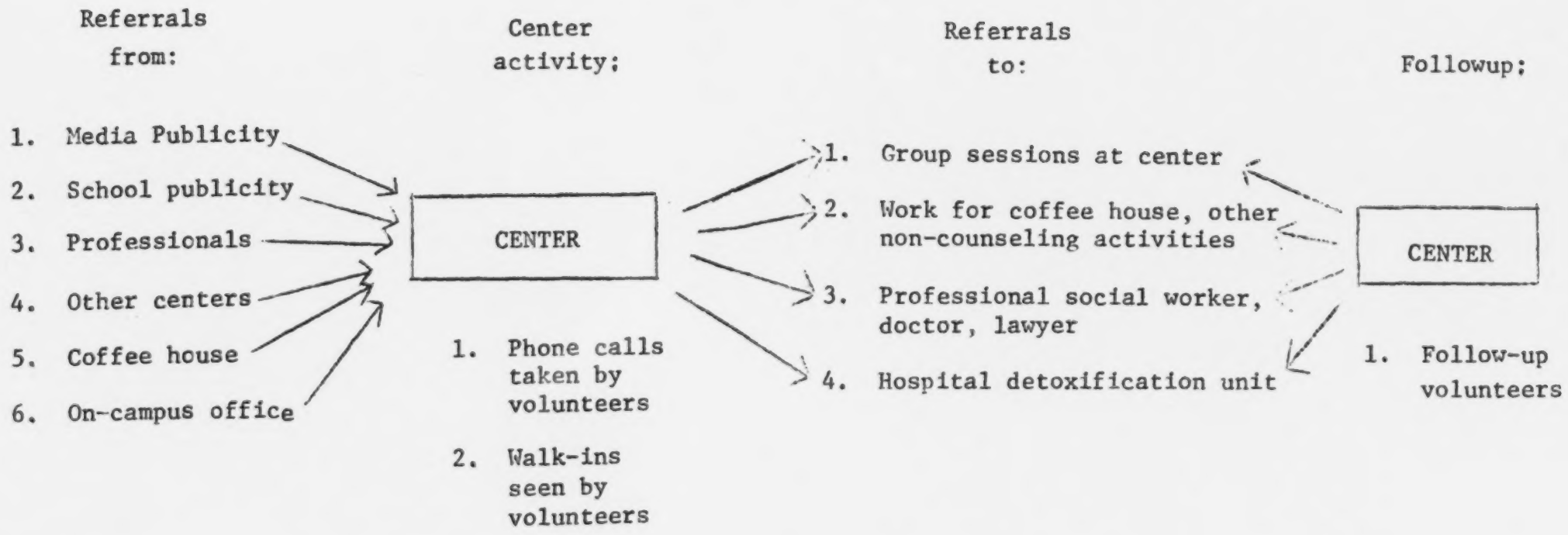
c. All information gathered will be strictly confidential and will be released only after the individual has completed and signed a release of information forms.

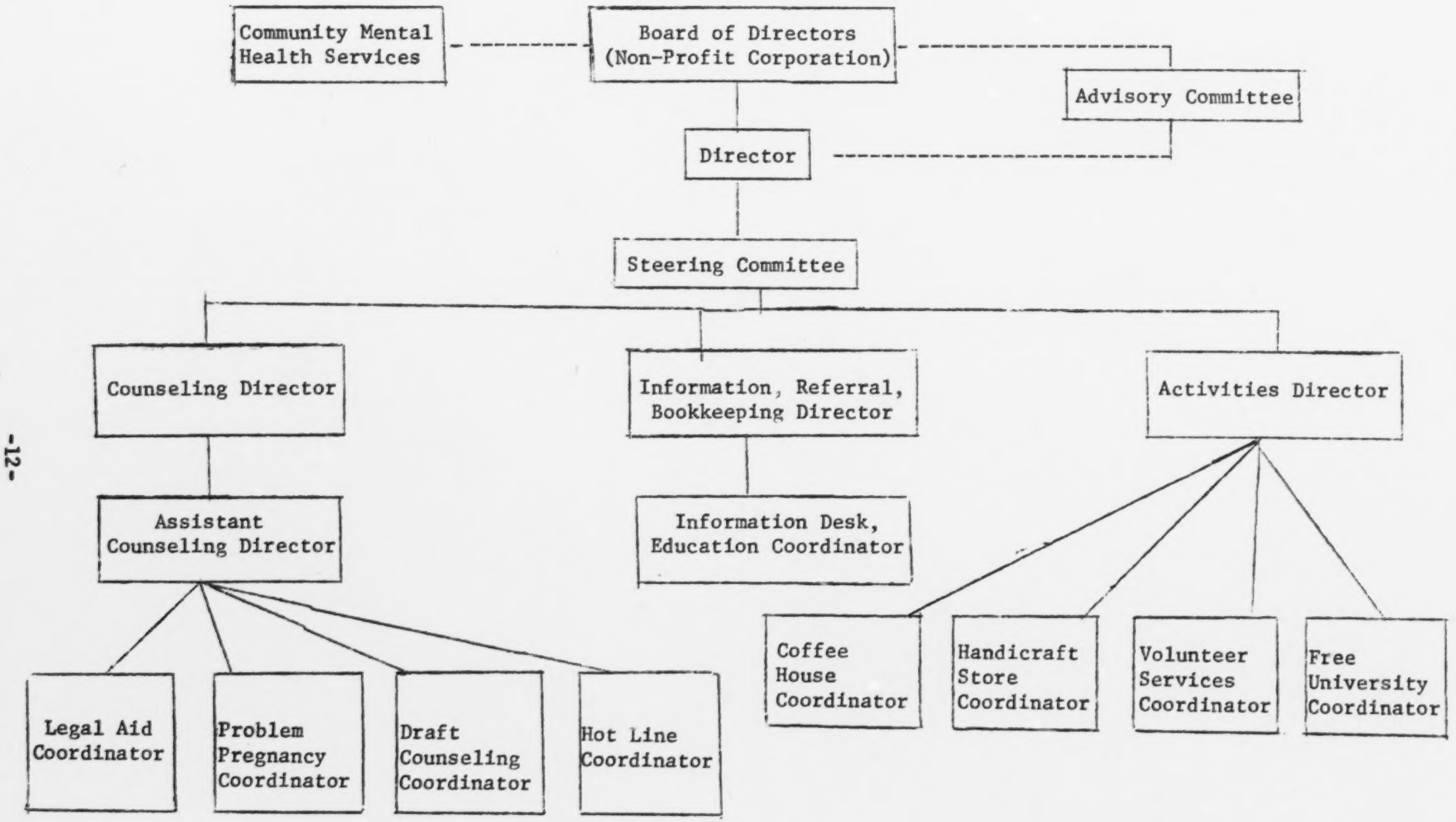
d. The non-counseling activities form will be filled out for all services not reflected in the above form.

e. All records will be compiled monthly and submitted to the Community Mental Health Director.

Chart Illustrating Intake

and Referral Procedure




Community Mental Health Services
Board of Directors (Non-Profit Corporation)
Advisory Committee
Director
Steering Committee
Counseling Director
Information, Referral, Bookkeeping Director
Activities Director
Assistant Counseling Director
Information Desk, Education Coordinator
Legal Aid Coordinator
Problem Pregnancy Coordinator
Draft Counseling Coordinator
Hot Line Coordinator
Coffee House Coordinator
Handicraft Store Coordinator
Volunteer Services Coordinator
Free University Coordinator

F. Administrative Support and Policies

1. Administrative structure. The administrative structure of the MCCC center will include the following components:

   a. Board of Directors--This group consists of young adults (both students and non-students) and interested community leaders from the college and surrounding area. It is the legal entity with whom Community Mental Health Services will contract for services and is ultimately responsible for the operation and services of the drop-in center.

   b. Advisory Council--This is a group of six individuals, the Director of the Program and five college faculty and other interested adults who are involved in the center program. This group is responsible for on-going evaluation of the center and will be consulted by the Steering Committee on all major issues having to do with the operation of the center. They will have veto power over major decisions.

   c. Steering Committee--This group consists of the five paid staff members: center director, counseling director, assistant counseling director, bookkeeper-information-referral director, and activities director. It has responsibility for implementing all phases of the program. Coordinators of various activities will be responsible to the appropriate member of the Steering Committee. As head of the Steering Committee, the director is responsible for overseeing all operations and insuring delivery of quality services. He is a member of the Board of Directors and liaison between the Steering Committee and both the Advisory Council and the Board of Directors.

   d. The attached chart illustrates the above structure.

2. Operating Staff--The operating staff consists of the Steering Committee members, volunteer coordinators and staff.

   a. Selection and Removal

      Selection, and if necessary removal, of the paid staff members will be the responsibility of the Board of Directors, acting on the recommendation of the Steering Committee and Advisory Council. Selection and removal of volunteer staff will be at the discretion of the appropriate paid staff member or volunteer coordinator with the advice and recommendations of the center director and other steering committee members. Selection of all staff members--in addition to the specific

qualifications listed below--will be based on life experience, with priority given to those who have the greatest personal understanding of the problems typical of young people and who are able to contribute to others from the experience they have had.

b. Basic Qualifications: The following qualifications apply to all paid staff members and volunteer co-ordinators--

(1) Must be at least 18.

(2) Must have organizational and leadership ability.

(3) Must complete the basic Community Mental Health Services training program, plus additional training opportunities offered at the center and elsewhere in special program areas.

(4) Must be open to participation in personal growth labs and workshops.

(5) Must have a thorough knowledge of the goals and activities of the center.

c. Paid Staff:

(1) The director will be responsible for implementation of the program described above. His duties will include overseeing and coordinating all of the center activities, acting as consultant to and supervisor of other paid staff, serving as liaison between the Steering Committee and the Advisory Council and Board of Directors, acting as spokesman for the center on all major issues and submitting the monthly evaluation of the center's activities and services.

Qualifications--The director should be familiar with and responsive to the needs of the target population. He should, by experience and/or training, be equipped with the knowledge and skill necessary to deal constructively with the kinds of problems which the center is set up to serve.

He should have the personal charisma and leadership abilities necessary to maintain the enthusiasm and commitment of the paid staff and to promote the center's service within the target population.

(2) The counseling director will be responsible for overseeing and coordinating all counseling and crisis intervention activities. He will arrange for the training of volunteer counselors, and will screen volunteers for counseling assignments. He will act as consultant to and supervisor of these volunteers. He will make sure that all planned counseling activities are carried out and that trained volunteers are on duty at all times.

Qualifications--The counseling director should have the same basic skills as those listed above. In addition he should have had experience in counseling young people, either on a formal or informal basis. Experience in personal growth or encounter groups is desirable.

(3) The assistant counseling director will be responsible for the activities of legal aid, problem pregnancy and draft counseling and the 24-hour hot line. He will act as consultant and supervisor to the coordinators of each of these activities. He will be responsible for maintenance of case records and follow-up, and for compiling statistical data on counseling activities for the monthly report.

Qualifications--The assistant counseling director should have the same basic skills as those listed for the counseling director.

(4) The Information, Referral and Bookkeeping director will be responsible for maintaining the financial records of the center, including payroll, general expenditures, income from the coffee house and other fund raising projects, and the financial operation of the handicraft store. He will also be responsible for maintaining up-to-date referral files on all resources within the community. This includes making and maintaining personal contact with key individuals within referral agencies. He will also supervise, through the volunteer information desk and education coordinator, the community education functions of the center.

Qualifications--In addition to the basic qualifications listed above, the information, referral and bookkeeping director should have experience in keeping accurate financial records, and be skilled in efficient filing and record-keeping systems.

d. Volunteer coordinators - The following staff members will have a voice in policy-making for the center through the appropriate member of the Steering Committee:

(1) Legal aid coordinator:

-- Will recruit and plan the training of volunteers to give legal aid counseling.
--Will establish and maintain contact with community lawyers willing to assist as referral sources and as volunteer trainers.
--Will do individual legal aid counseling.
--Will maintain an information file on legal matters pertaining to young adults.

Qualifications--In addition to the basic qualifications listed above, the legal aid coordinator should have the ability to understand and communicate the complexities of the legal system and have contacts with community lawyers.

(2) Problem pregnancy coordinator:

--Will recruit and plan the training of volunteers to give problem pregnancy counseling in cooperation with the Michigan Clergymen's Counseling Service.
--Will develop and maintain working relationships with members of the clergymen's counseling service and community physicians available as referral sources.
--Will do individual problem pregnancy counseling.
--Will maintain an information file on medical and legal matters relating to pregnancy.

Qualifications--In addition to the basic qualifications listed above, the problem pregnancy coordinator should have special sensitivity to the problems faced by unwed mothers, and ability to develop and maintain contacts with appropriate community resources.

(3) Draft counseling coordinator:

--Will recruit and plan the training of volunteers to give draft counseling.
--Will develop and maintain working relationships with draft-counseling experts in the community.
--Will do individual draft counseling.
--Will maintain an information file on the selective service system.

Qualifications--In addition to the basic qualifications listed above, the draft counseling coordinator should have the ability to understand and communicate the complexities of the selective service system, and be aware of resources available for individuals having selective service problems.

(4) Hot Line coordinator:

--Will assist the assistant counseling director in scheduling of volunteers for the Hot Line.
--Will make sure that up-to-date referral information for emergencies is prominently posted for telephone volunteers.
--Will recruit and plan training for volunteers to be trained in emergency first aid techniques.
--Will coordinate (in cooperation with other drop-in centers) a countywide pool of first aid - trained volunteers to be on call for emergencies 24-hours.

Qualifications--In addition to the basic qualifications listed above, the Hot Line coordinator should have experience in handling drug related emergencies.

(5) Information desk and education coordinator:

--Will keep available up-to-date information about the center and its services to answer inquiries from the community, and for the use of volunteers in speaking publicly about the center.
--Will coordinate all requests for speakers to describe the program in the community.
--Will maintain a file of information about drugs and drug-abuse services in the community.
--Will maintain up-to-date information on street drugs and narcotics available in the area and arrange for the testing of samples brought to the center.

Qualifications--In addition to the basic qualifications listed above, the Information Desk and Education Coordinator should be able to communicate effectively with various community groups.

(6) Coffee House coordinator:

--Will coordinate all planning for coffee house programs and will keep financial records in cooperation with the bookkeeping director.

Qualifications--In addition to the basic qualifications listed above, the Coffee House coordinator should have contacts and experience in the entertainment world.

(7) Handicraft store coordinator:

--Will actively seek out student craftsmen to sell their goods through the store.
--Will arrange for the display of this merchandise.

(7) continued

--Will make sure the store is manned during the hours it is open.
--Will coordinate receipts and expenditures through the bookkeeping director.

Qualifications--In addition to the basic qualifications listed above, the handicraft store coordinator should have experience and/or ability in marketing techniques.

(8) Volunteer Services coordinator:

--Will recruit volunteers for special projects from time to time.
--Will make sure that volunteer counselors are aware of volunteer service opportunities in the community.
--Will develop contacts in the community for possible volunteer projects.
--Will coordinate the assignment of volunteers to various projects and make sure that volunteers placed through the center are fulfilling the tasks desired of them.

Qualifications--In addition to the basic qualifications listed above, the volunteer services coordinator should have the ability to develop and maintain good relationships with various community groups.

(9) Free University coordinator:

--Will direct the planning of programs and courses to be offered by the Free University and will make sure that volunteer counselors are aware of educational opportunities available through the Free University.

Qualifications--In addition to the basic qualifications listed above, the Free University coordinator should have the ability to arrange an educational program that will serve as a satisfying alternative to drug abuse.

e. Volunteer Workers--Volunteers will work in the program in a number of different capacities:

As counselors
Working on publicity
Working on establishing contacts in the community
Working on statistical data and clerical work
Specializing in legal aid, draft, problem pregnancy or hot line counseling
Working with the free university, handicraft store, coffee house or volunteer services.

3. Working arrangements with other agencies:

   a. Community Mental Health: This agency is currently providing staff assistance in organizing this center, is paying a student liaison as a consultant and trainer for the center, and providing training in empathy, counseling and referral skills for center volunteers. Under the proposed project, Community Mental Health would provide--

      (1) A training program for volunteers, including training in communication skills, counseling techniques, and first aid skills.

      (2) A half-time professional to carry out individual and group counseling sessions as well as case consultation for problems handled by volunteers.

      (3) Coordination with other drop-in centers and the Harrison Community Hospital program.

      (4) Coordination and training for a pool of skilled first aid volunteers.

      (5) Consultation on organizational, staff and training problems.

   b. Harrison Community Hospital: The hospital will offer inpatient detoxification services and outpatient methadone maintenance and rehabilitation services on referral from this center. Funds raised through the center will assist in meeting inpatient hospital costs if necessary.

   c. Working relationships are now being made with other agencies, individual doctors and lawyers, hospitals and law enforcement agencies.

4. Rules and regulations:

   a. Rules will be enforced by the staff on duty.

   b. The house will be staffed 24-hours a day, with one live-in staff member on duty at all times.

   c. Live-in staff will be members of the steering committee.

   d. The house will be open for drop-ins between 9 a.m. and midnight, and only for emergencies thereafter.

   e. No drugs or narcotics will be allowed on the premises at any time.

f. No overnights will be allowed to anyone aged 17 or under, in accordance with State laws regarding the harboring of runaways.

g. Any behavior which infringes upon the rights of others will not be tolerated.

5. Handbook: A handbook for volunteers will be drawn up that includes criteria for volunteers, basic referral information, how to handle various situations, etc.

VI. Implementation:

This project will operate temporarily as a telephone counseling service using office space on campus. When funding through County and State sources is obtained, the sponsoring corporation will rent or lease a house off-campus for use as a 24-hour counseling center.

Since the steering committee will have had at least four months to complete basic training, recruit the necessary volunteers and work out staff relationships, it is expected that the center can operate as a 24-hour crisis intervention service within two weeks of acquiring the building to be used. During the first three months, the center will offer its counseling and referral services between 10 a.m. and 11 p.m. with four group sessions scheduled each week--one parent-youth discussion group, one youth discussion group, one youth encounter group and one group therapy session led by a professional.

After three months the counseling and referral service will be extended to 24 hours with two additional groups scheduled each week.

VII. Evaluation:

Service delivery activities including alternatives to drug abuse, crisis intervention, referral, and consultation and education, will be evaluated each month in terms of quantity of services provided, recipients of these services, and where possible, a subjective assessment of the effects of these services. Internal activities including intake, record-keeping, developing and adhering to operational procedures and policies, and establishing a stable and effective administrative structure will be evaluated on an ongoing basis and formally each quarter with the help of the Community Mental Health Services project staff members.

A. Opportunities for developing alternative behaviors:

1. Counseling activities--Records will be kept and compiled monthly on all individuals participating in the various counseling activities offered through the center. These records will include the following information:

(a) The part of the target population the person represents.

(b) The type and quantity of counseling services received (individual, group, encounter, legal, etc.) and from whom (professional, paraprofessional, staff, volunteer).

(c) The presenting problem and disposition of the case, and if appropriate, a subjective evaluation of the effects of the service.

2. Non-counseling activities--Records will be kept and compiled monthly on all non-counseling activities offered through the center. These records will indicate type and amount (or frequency) of the activity, number and description of participants (in terms of target population) and leaders, and where possible, a subjective evaluation of the effects of the activities as viable alternatives to self-defeating behaviors related to the abuse of drugs and narcotics.

B. Crisis Intervention--Records will be kept and compiled monthly on all individuals seeking or receiving crisis intervention services. These records will include the following information:

1. The part of the target population the person represents.

2. The presenting problem.

3. The service(s) given (counseling by phone, counseling of walk-ins, first-aid, referral) and by whom (professional, paraprofessional, volunteer, staff).

4. Disposition of the case, including where possible, a subjective evaluation of the effects of the service(s).

C. Referral services--Records will be kept and compiled monthly on all individuals seeking or receiving referral services. These records will include the following information:

1. The part of the target population the person represents.

2. The presenting problem.

3. The place to which the referral was made and by whom (professional, paraprofessional, volunteer, staff).

4. The supporting services provided such as counseling, transportation and follow-up.

5. Disposition of the case.

D. Consultation and Education--Records will be kept and compiled monthly on all individuals and groups seeking and receiving consultation and education services. These records will include the following information:

1. The part of the target population the individual or group represents; if a group, the number of participants.

2. The service(s) given: drug information by phone or walk-in, educational program, information on resources for treatment of drug abusers, training of volunteers for counseling roles, distribution of educational material, analysis of street drugs; and by whom (professional para-professional, volunteer, staff).

3. Where possible, a subjective evaluation of the effects of the service(s).

E. Intake and record-keeping--Intake and record-keeping procedures will be reviewed on an ongoing basis by both center staff and Community Mental Health Services project staff assigned to the center. Quarterly reports will be submitted reflecting thoroughness and accuracy of service delivery records, competence of staff in handling intakes,and degree to which staff understands and follow procedures set down for the handling of specific situations.

F. Administrative structure--The administrative structure of the center will be reviewed on an ongoing basis by both the center staff and Community Mental Health Services project staff assigned to the center. Quarterly reports will be submitted reflecting the effectiveness of the administrative structure in responding to the service needs of the target population and in carrying out the service delivery goals. Specifically, the report will evaluate the following:

1. Center staff's understanding of goals and means of implementing goals.

2. Ability of staff and volunteers to perform assigned duties effectively.

3. Adequacy of administrative decision-making procedures.

4. Degree of fiscal responsibility.

VIII Budget
Fiscal Year July 1, 1971-June 30, 1972

PERSONNEL (20 hours @ $3/hour)		
Center Director	$3,000.	
Counseling director	3,000	
Asst. Counseling director	3,000	
Bookkeeper	3,000	
Activities director	3,000	
TOTAL PERSONNEL		$15,000
EQUIPMENT		
Office equipment--file cabinets, desks, chairs, typewriter, cushions	600	
House equipment--beds, dressers, drapes, dishes, glasses, silver, stove, refrigerator, carpet, cushions	1,800	
TOTAL EQUIPMENT		$ 2,400
CONTRACT SERVICES, SUPPLIES & MAINTENANCE		
Rent (@ $350/mo)	4,200	
Utilities	1,050	
Telephone (2 lines at $85/mo)	1,000	
Insurance	500	
Maintenance	500	
Consultation	1,000	
Contingency Fund	1,000	
Office supplies, printing, postage	500	
TOTAL CONTRACT SERVICE, SUPPLIES & MAINTENANCE		$ 9,750
TOTAL		$27,150

Source of Funds:

In-kind & Donations	$ 2,150
MCCC Request	5,000
CMH Request	20,000